DOCUMENT RESUME

ED 211 307 RC 013 115

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TITLE Operations Handbook for Migrant Student Dental Services.
INSTITUTION Washington Office of the State Superintendent of Public Instruction, Olympia. Migrant Education Program.
SPONS AGENCY Bureau of Elementary and Secondary Education (ED), Washington, D.C.
PUB DATE Apr 81
NOTE 21p.
AVAILABLE FROM Migrant Education Center, M.S.E.T.S. & Health Section, Migrant Education Office (Migrant Student Records Transfer System), 1110 B South Sixth Street, Sunnyside, WA 98944 ($4.50).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS College School Cooperation; *Cooperative Programs; Data Collection; Dental Clinics; Dental Evaluation; Dental Hygienists; *Dental Schools; Elementary Secondary Education; Higher Education; Medical Case Histories; Medical Evaluation; *Migrant Children; *Migrant Health Services; Migrant Programs; Models; *Pilot Projects; Program Design; Program Implementation; Rural Areas; State Programs
IDENTIFIERS Dental Students; ESEA Title I Migrant Programs; Migrant Student Record Transfer System; *Washington

ABSTRACT

Migrant Education and the Superintendent of Public Instruction in the state of Washington have brought several agencies together to provide low cost dental services to migrant children. The program, initiated in 1980 and serving 138 children that year, has focused on the provision of preventative and emergency services. Migrant Education has worked with the Yakima Valley College Dental Hygiene Program and the University of Washington Dental School to initiate a joint effort so the staff and facilities of those two schools are available for migrant children. Yakima Valley College contracts to take the migrant children for examinations, prophylaxis, fluoride, cleaning, and minor restorative work throughout the school year. University of Washington dental stuents perform more complete restorative dentistry. Where ongoing restorative work is required, the children are referred to local dentists or to health clinics. The program descriptions, forms, and processes described in this manual are an outcome of the pilot effort. The manual includes the priorities established for dental services to migrant children, the definitions of dental services, the descriptions of the two pilot programs, and the procedures and related forms develcped for the pilot program. (Author/CM)

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DENTAL OPERATIONS HANDBOOK

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RC013115

WASHINGTON STATE MIGRANT EDUCATION

STATE OF WASHINGTON
MIGRANT EDUCATION

OPERATIONS HANDBOOK
FOR
MIGRANT STUDENT DENTAL SERVICES

Migrant Student Record Transfer System
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Funded under ESEA, Title I, Migrant P. L. 95-561

April 1981

Table of Contents

Page

Introduction..... A

Priorities for Service to Migrant Children..... B

Definition of Dental Treatment and Examination..... C

Migrant Student Dental Record..... D

Utilization of the Dental Record..... E

Collection of Dental Data..... F

Models for Providing Dental Services to Migrant Children..... G

Procedures for Contracting and Reimbursement..... H

Selected ADA Codes on Dental Procedures and Nomenclature..... I

INTRODUCTION

Dental services have been initiated for the migrant children in the State of Washington. Migrant Education, funded under ESEA Title I, Migrant, and the Superintendent of Public Instruction, has taken steps to bring several agencies together to provide low cost dental services. The focus of the program has been the provision of preventative and emergency services for the mobile migrant child (Status I, II, IV, and V).

Dental needs remain the top physical need of the children. The physical examination team has estimated that over 90 percent of the children examined have caries, and other oral-related problems which require referral.

Migrant Education has worked with the Yakima Valley College Dental Hygiene Program and the University of Washington Dental School to initiate a joint effort so the staff and the facilities of these two schools can become available for the migrant children. Two different approaches are being used for the service. Yakima Valley College, with its excellent dental facilities, contracts to take the migrant children for examinations, prophylaxis, fluoride, cleaning and minor restorative work. This service is available throughout the school year as the college is in session. At key times, the Yakima Valley College hygienist staff is augmented by the University of Washington dental students who perform more complete restorative dentistry. In both cases, where ongoing restorative work is required, the migrant children are referred to the local dentists or the Health Clinics. The Migrant Education staff, in cooperation with local school districts, work with the families to identify the children with the greatest needs.

This program was initiated in the spring of 1980 with 138 children served. The program descriptions, forms, and processes described in this paper are an outcome of this pilot effort. Three conclusions can be drawn from these beginning efforts:

1. Migrant children have a great need for the dental services.
2. Costs of the dental services are high, but can be reduced through cooperation of Higher Education, public schools, and Migrant Education.
3. A massive effort must be undertaken in preventative dental education to upgrade oral hygiene among the migrant children.

The material which follows includes the priorities established for dental services to migrant children, the definitions of the dental service, the descriptions of the two pilot programs, and the procedures and related forms developed for the pilot programs.

PRIORITIES FOR SERVICE TO MIGRANT CHILDREN

The United States Department of Education (USDE) has established the priority in which migrant children are to be served. Current regulations are stated as follows:

> *A State and an operating agency shall serve eligible migratory children--according to their needs--in the following order:*
>
> 1. *School-aged currently migratory children. (Status I, II, IV and V)*
> 2. *School-aged formerly migratory children. (Status III and VI)*
> 3. *Preschool currently migratory children (Status I, II, IV, and V)*
> 4. *Preschool formerly migratory children (Status III and VI)*

Following the spirit of the USDE regulations, the Local Education Agency (LEA) via the Superintendent or his/her designee determines which migrant children are to receive the dental examinations. The health provider will provide examinations for the migrant children selected by the LEA according to the priorities listed below. With the wide disparity of numbers of migrant children in school districts and the impact of enrollment during growing and harvest seasons, the degree to which migrant children are served will vary. Large districts may have to prioritize children based upon need and the date of the student's last dental examination, while smaller districts may be able to schedule migrant children from all classifications within a calendar year. The standards for LEAs shall be:

1. Adherence to USDE regulations on service priorities.
2. A child needing immediate dental attention, may receive a dental examination.
3. Those migrant students who have not received a dental examination within the past year.
4. Other migrant students as the schedule of the dental health provider allows.

Dental services to migrant children will be provided using the following criteria:

1. emergency needs (pain and/or discomfort is present)
2. comprehensive examination
3. abscess or infection present
4. follow-up or routine work (pulpotomy, stainless steel crowns, deep caries, etc.)
5. other work will be referred to health care providers (e.g., endodontics, extensive restorative work and surgery).

DEFINITIONS OF DENTAL TREATMENT AND EXAMINATION

For the purpose of defining services available to migrant children and allowable under reimbursement policies, the following operational definitions have been established:

Types of Examination

A. Complete - A thorough comprehensive diagnostic work-up is prepared.

B. Screening - A brief examination using only parts of the complete diagnostic work-up. Screening is used for initial evaluation.

C. Limited - An examination given in an emergency. It is used primarily in the management of acute conditions.

D. Follow-up - A follow-up examination is a type of limited examination. It is used to observe the effects of treatment after a period of time during which the tissue or lesion could recover and heal.

E. Recall - A recall examination is made after a specified period of time following the completion of treatment and the restoration to health. A recall examination is a complete examination with a comprehensive diagnostic work-up. The purpose of the recall examination is for evaluation of the maintenance of health.

Types of Treatment

A. Emergency -
Emergency care for pain or other acute condition.

B. Preventive -
Clinical services such as fluoride.

C. Treatment for damaged and/or diseased teeth -
Dental caries, oral surgery, and/or removal of hopeless teeth.

D. Gingival and periodontal treatment -
Elimination of inflammation and pockets, restorative treatment, prosthetic treatment, and orthodontic treatment.

Definitions

Cleaning -
Removal of all matter in which microorganisms may find favorable conditions for continued life and growth.

Gingivoplasty -
The surgical contouring of the gingival tissue to produce the physiologic architectural form necessary for the maintenance of tissue health and integrity.

Orthodontics -

The clinical science that has for its objective the prevention and correction of dental and oral anomalies; that branch of dentistry concerned with the etiology, diagnosis, prevention, and correction of malocclusion of the teeth and associated dentofacial disharmonies.

Preventive -

The branch of dentistry devoted primarily to averting oral diseases and inhibiting the progress of diseases already present. Some elements of prevention are inherent in all branches of dental practice.

Prophylaxis -

The removal of calculus (tartar) and stains from the exposed and unexposed surfaces of the teeth by scaling and polishing. A smooth tooth surface resists the retention of dental deposits. The prophylaxis performed with these objectives is a preventive periodontal treatment procedure.

Prosthodontics -

That branch of dental art and science pertaining to the restoration and maintenance of oral function by the replacement of missing teeth and adjacent structures by artificial devices.

Restorative (operative) dentistry -

The branch of dentistry primarily concerned with restoring carious, diseased, or damaged natural teeth to a satisfactory state of health, function and aesthetics.

Treatment -

The management and care of a patient for the purpose of curing a disease or disorder.

MIGRANT STUDENT DENTAL RECORD

Data from dental services are placed into the Migrant Student Record Transfer System (MSRTS), and are thus available to health practitioners throughout the United States. A problem which arises with data generated from dental work is the lack of a uniform code and process common to dental professionals. The Washington State Migrant Education Program has developed a form which 1) captures essential diagnostic and treatment data and 2) allows for encoding on the MSRTS. The form has seven sections: Growth and Development, Oral Hygiene, Interoral/Extraoral Lesions, Fluoride, Radiographs, Diagnosis, and Treatment. There are areas of overlap (e.g., Fluoride and Treatment). However, at the request of dentists and school nurses, the seven areas were developed as most commonly used. The code utilized in Washington State is the current (1979) ADA Code. Should a revised code become available or the ICDA-9 code come into common usage, the practitioner can readily substitute the appropriate digits.

DENTAL RECORD FORMAT DESCRIPTION

Student Identifier Section -
These items, including the student number and MNE are the MSRTS identifiers. Where a student is enrolled in the MSRTS, the encoding is to be done as per state procedures. For migrant students newly identified, the Certificate of Eligibility plus regular enrollment procedures are to be followed.

Patient History -
Prior to the examination and/or treatment, the Patient History section is to be completed. Where possible, the Patient History information can be taken from the Washington State Migrant Student Medical Record.

Growth and Development -
Conditions which are observable by examination and which may affect current and/or future dental needs are to be entered in the Growth and Development Section.

Oral Hygiene -
Conditions which may require a change of oral hygiene patterns or which are under current modification are to be entered in the Oral Hygiene Section.

Interoral/Extraoral Lesions -
Obvious infections observed inside or outside the mouth are to be entered in the Interoral/Extraoral Lesions section.

Fluoride - Prescriptions and/or treatment utilizing fluoride either systemic or topical are to be entered in the Fluoride section.

Radiographs -	X-rays taken with type (view) and number of films utilized.
Diagnosis -	A description of condition(s) as defined by the examiner which leads to the prescribed treatment.
Treatment -	Those processes utilized to satisfy the diagnosis.

WASHINGTON STATE
MIGRANT STUDENT DENTAL RECORD

STUDENT DESCRIPTION

Last Name	First Name	Sex	Birthdate Month	Day	Year	Student Number	MNE
						Migrant Status	
Current Address						School and District or Agency	
Home Base Address						Place of Birth	

PATIENT HISTORY

Check if applicable: Physical Handicap___ Measles___ Rubella___ Mumps___ Chicken Pox___
Whooping Cough___ Diabetes___ Rheumatic fever___ Allergies___ Asthma___ Hepatitis___
Heart Condition___ Stomach Ulcer___ Kidney or Bladder Problem___ Nervous Problems___
Bleeding and Clotting Problems____

PREVIOUS TB SKIN TEST RESULT: Positive___ Negative___ Date Given_____
Has treatment for tuberculosis been given? Yes___ No___

GROWTH AND DEVELOPMENT

Code #	Description of Condition

FLUORIDE

	Code #
Systemic	
Topical	

ORAL HYGIENE

Code #	Description of Condition

RADIOGRAPHS

Code #		# Taken
	Periapical	
	Bite Wing	
	Panoramic	
	Other (Specify) _____	

INTERORAL/EXTRAORAL LESIONS

Code #	Description of Condition

DIAGNOSIS / TREATMENT

Description of Problem	Code #	Tooth #	A	D	R	Description	Code #

A= Active D= Dormant R= Resolved Examination Team Codes _____,_____,_____,_____,_____

_____ _____

Supervising Dentist's Signature Examination Date

UTILIZATION OF THE DENTAL RECORD

Every migrant child receiving dental services must have a Migrant Student Dental Record completed and on file in the Migrant Education Office. The process to be followed for completion of the form is as follows:

1. The school agency, Migrant Education or other contracting body shall identify the child as migrant (see "Priorities for Service") as defined by USDE. A Certificate of Eligibility shall be on file and the child shall be enrolled on the MSRTS.

2. A child diagnosed as requiring dental services must have the Migrant Student Dental Record, Student Description section completed. Parental permission and patient history must be secured. This information is normally completed by the school or other contracting agency.

3. The Migrant Student Dental Record is forwarded to the dental practitioner for scheduling.

4. Upon completion of the service, the form is returned to the school to be part of the auditable files.

5. The migrant records clerk at the school initiates regular procedures to enter the dental data into the MSRTS.

6. The dental practitioner shall forward a copy of the Migrant Student Dental Record to the school or agency making the referral for reimbursement.

COLLECTION OF DENTAL DATA

Data is to be collected on:

1. Diagnosis
2. Treatment (including fluorides and radiographs)
3. Growth and development pattern
4. Hygiene patterns

Data must be related to standard Migrant Education data identifiers (e.g., name, address, parent name and address, and student number).

The reporting DDS or dental health provider will utilize ADA and ICDA-9 codes to accompany descriptions. In the case of diagnosis with specific teeth involved, the standard ADA tooth identifier number or letter will be used.

The supervising dentist or dental health provider must sign the form. The professional dental care provider must be indicated by appropriate codes.

The data will be collected in a format functional for encoding.

MODELS FOR PROVIDING DENTAL SERVICES TO MIGRANT CHILDREN

The Dental Services Program is established to provide an ongoing pattern of linking migrant children to dental practitioners.

The general pattern is for school districts to refer eligible migrant children who require emergency dental service to rural health clinics, local dentists or local health care organizations as a need is identified. School personnel initiate the process by completing 1) the Washington State Migrant Student Medical Record form, and 2) the student description and patient history sections of the Dental Record. Follow-up or referrals as a result of the initial contact with the dental practitioner are the responsibility of the parents. Students are served according to the priorities established by USDE.

Two variations on this pattern exist in Washington State. The Yakima Valley College Dental Hygiene Program receives migrant students for purpose of examination, prophylaxis, radiographs, and minor restorations. Migrant Education providers, under contract, limited funds for these services. Students requiring further restorative work are referred to dentists in the community. There is a necessity to transport migrant children to the clinic on the Yakima Valley College campus. There is also a limit to the services available in a hygienist oriented program. Therefore, the use of a college dental hygiene program must be considered.

Another variation is the Yakima Valley College/University of Washington expanded dental treatment program initiated at the Yakima Valley College campus in June, 1980. In this program Univeristy of Washington dental students working with teams of dental hygienists and assistants do examination, emergency and preventive treatment, plus first level treatment of damaged or diseased teeth. Major oral surgery and treatment requiring on-going care are referred to family dentists and migrant health clinics.

The patterns as described can be graphically shown as follows:

Tasks	IMPLEMENTED BY: School District	General Referral	YVC	YVC/UW Expanded
1. Identify eligible children as migrant.	X			
2. Prepare forms (2) and secure parental permission.	X			
3. Secure appointment with dental services provider.	X	X	X	X
4. Comprehensive Exam.		X	X	X
5. Prophylaxis, Fluoride, Cleaning.		X	X	X
6. Initiate emergency treatment and follow-up.	X	X		X
7. Restorative Program.		X		X
8. Major surgery and on-going care.		X		
9. Dental form completed.	X	X	X	X
10. Dental data sent to MSRTS.	X	X	X	X
11. Dental Record placed in auditable file and reimbursement initiated.	X	X	X	X

Community college dental hygiene programs where migrants might be referred are somewhat limited in number and location. The colleges housing such programs are Yakima Valley College, Shoreline Community College (Seattle), Steilacoom Community College (Tacoma), and Clark College (Vancouver). Thus, Yakima Valley College and to a limited degree Steilacoom are the prime locations for such service.

Dental services for migrant children are available at Yakima Valley Farmworkers Clinic, and the North Central Migrant Health Project, and the Othello Family Dental Clinic. At these locations, dental services are available on a sliding fee scale.

PROCEDURES FOR CONTRACTING AND REIMBURSEMENT

All dental services to be secured for migrant children, which will require reimbursement, must have prior approval of Migrant Education. In the cases of Yakima Valley College and the Yakima Valley College/University of Washington Expanded Programs, a contract is developed between Migrant Education and the institution so that slots for the migrant children are available. In these programs, the reimbursement procedure is a function of the college.

Where a student is referred to a local dentist, the school nurse or other appropriate school district employee will make arrangements for the reimbursement by the local school or health services agency.

SELECTED ADA CODES ON DENTAL PROCEDURES AND NOMENCLATURE

The trend to codifying medical and dental processes has led to a proliferation of systems. The most common codes have been the ICDA-9 (International Code of Disease), the CDT-4 (Physicians Office Procedure Code), and the ADA (American Dental Association Procedure Code). In the area of dentistry, many states finding the ADA Code limited to general categories and focussed on treatment (excluding diagnosis) have developed expanded dental codes.

Migrant Education has the continuing need to communicate data through the MSRTS. To expedite this process without being caught in the multiplicity of codes, the Migrant Education Dental Services Program has elected to use those ADA codes most commonly related to the hygienist oriented services of the type funded by migrant monies. This simplified code list can be readily related to the MSRTS encoding process.

The list of codes which follow have been selected by dental practitioners as the most used items from the ADA code. While this expediency will need to be modified as ICDA-9 and ADA come into more common usage, this code list will serve to provide essential data on dental services to migrant children in the immediate future.

SELECTED ADA CODE ON DENTAL PROCEDURES AND NOMENCLATURE

Commonly Used Codes for Use in Hygienist Oriented Programs

00100-00999 I. Diagnostic

00100 Clinical Oral Examinations

- 00110 Initial oral examination
- 00120 Periodic oral examination
- 00130 Emergency oral examination

00200 Radiographs

- 00210 Intraoral--complete series (including bitewings)
- 00220 Intraoral periapical--single, first film
- 00230 Intraoral periapical--each additional film
- 00240 Intraoral--occlusal, film
- 00270 Bitewing--single, film
- 00272 Bitewings--two films
- 00273 Bitewings--three films
- 00274 Bitewings--four films

00400 Tests and Laboratory Examinations

- 00460 Pulp vitality tests
- 00470 Diagnostic casts
- 00471 Diagnostic photographs

01000-01999 II. Preventive

01100 Dental Prophylaxis

- 01110 Adults
- 01120 Children

01200 Fluoride Treatments

- 01210 Topical application of sodium fluoride--four treatments (excluding prophylaxis)
- 01211 Topical application of sodium fluoride--four treatments (including prophylaxis)
- 01220 Topical application of stannous fluoride--one treatment (excluding prophylaxis)
- 01221 Topical application of stannous fluoride--one treatment (including prophylaxis)
- 01230 Topical application of acid fluoride phosphate--one treatment (excluding prophylaxis)
- 01231 Topical application of acid fluoride phosphate--one treatment (including prophylaxis)

01300 Other Preventive Services

01310 Dietary planning for the control of dental caries
01330 Oral hygiene instruction
01340 Training in preventive dental care
01350 Topical application of sealants--per quadrant

02000-02999 III. Restorative

02100 Amalgam Restorations (including polishing)

02110 Amalgam--one surface, deciduous
02120 Amalgam--two surfaces, deciduous
02130 Amalgam--three surfaces, deciduous
02131 Amalgam--four surfaces, deciduous
02140 Amalgam--one surface, permanent
02150 Amalgam--two surfaces, permanent
02160 Amalgam--three surfaces, permanent
02161 Amalgam--four or more surfaces, permanent
02190 Pin retention--exclusive of amalgam

02300 Acrylic or Plastic Restorations

02310 Acrylic or plastic
02330 Composite resin--one surface
02331 Composite resin--two surfaces
02332 Composite resin--three surfaces
02334 Pin retention--exclusive of composite resin
02335 Composite resin (involving incisal angle)
02340 Acid etch for restorations

02700-02899 Crowns--Single Restorations Only

02710 Plastic (acrylic)
02711 Plastic - prefabricated
02830 Stainless steel
02840 Temporary (fractured tooth)

02900 Other Restorative Services

02910 Recement inlays
02920 Recement crowns
02940 Fillings (sedative)
02950 Crown buildups--pin retained

03000-03999 IV. Endodontics

03100 Pulp capping

03110 Pulp cap--direct (excluding final restoration)
03120 Pulp cap--indirect (excluding final restoration)

03200 Pulpotomy (excluding final restoration)

03220 Vital pulpotomy

04300 Adjunctive Periodontal Services

04330 Occlusal adjustment (limited)
04340 Periodontal scaling (entire mouth)
04341 Periodontal scaling (fewer than 12 teeth)

04500 TYPE I - Gingivitis--shallow pockets, no bone loss

Treatment:

1. All necessary diagnostic procedures
2. Training in personal preventive dental care
3. Mouth preparation procedures
4. Routing finishing procedures
5. Post-treatment evaluation

04600 TYPE II - Early Periodontitis--moderate pockets, minor to moderate bone loss, satisfactory topography

Treatment:

1. All necessary diagnostic procedures
2. Training in personal preventive dental care
3. Mouth preparation procedures
4. Routine finishing procedures
5. Post-treatment evaluation

04700 TYPE III - Moderate Periodontitis--moderate to deep pockets, moderate to severe bone loss, unsatisfactory topography

Treatment:

1. All necessary diagnostic procedures
2. Training in personal preventive dental care
3. Mouth preparation procedures
4. Routine finishing procedures
5. Post-treatment evaluation

04800 TYPE IV - Advanced Periodontitis--deep pockets, severe bone loss, advanced mobility patterns (usually cases involving missing teeth and reconstruction)

Treatment:

1. All necessary diagnostic procedures
2. Training in personal preventive dental care
3. Mouth preparation procedures
4. Routine finishing procedures
5. Post-treatment evaluation

04900 Other Periodontic Services

04910 Preventive periodontal procedures (periodontal prophylaxis)

09000-09999 X. Adjunctive General Services

09200 Anesthesia

09210 Local (not in conjunction with operative or surgical procedures)
09211 Regional Block anesthesia
09212 Trigeminal division block
09230 Analgesia

09300 Professional Consultation (diagnostic service provided by physician or dentist other than practitioner providing treatment)

09310 Consultation - per session

09900 Miscellaneous Services

09910 Application of desensitizing medicaments